



**STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

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accompanied by a fee (include budget
and fund as noted above)
P.O. Box 12197
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Austin, Texas 78711-2197

REPORT OF COMPLETED INTERNSHIP FORM

BOTH INTERN AND SUPERVISOR MUST COMPLETE THIS REPORT. A SEPARATE REPORT MUST BE IMMEDIATELY COMPLETED AND MAILED TO THE BOARD FOR EACH COMPONENT OF THE INTERNSHIP WHICH INVOLVED A CHANGE OF SITE, SUPERVISOR, OR WORK SCHEDULE. SECONDARY SUPERVISORS MAY SUBMIT THIS FORM OR A SIGNED STATEMENT CONCURRING WITH THE REPORT SUBMITTED BY THE PRIMARY SUPERVISOR.

INTERN _____ Lic # _____

SUPERVISOR _____ Lic.# _____

Internship Began ____ / ____ / ____ Internship Ended ____ / ____ / ____

Dates Covered by this Report ____ / ____ / ____ to ____ / ____ / ____ Weeks covered by this report _____

(Include only weeks in which the intern practiced the number of hours per week established in the board-approved Intern Plan and Agreement of Supervision. Exclude holidays and vacations. Use additional pages if necessary.)

How many hours each week were spent in Speech? _____ Audiology? _____

List the dates of any time the intern did not practice the number of hours per week established in the board-approved Intern Plan.

At least 80% of the internship week must be in direct client contact (assessment/diagnosis/evaluation, screening, habilitation/rehabilitation) and activities related to client management. Specify how many how per week were spent in each of the following activities. **Please do not include travel time or lunch hours.**

Hours Weekly

_____ Assessment, diagnosis/evaluation	_____ In-service training
_____ Screening	_____ Other (specify here: _____)
_____ Treatment (direct & indirect services)	_____
_____ Activities related to client management (report writing, family/client consultation and/or counseling, etc.)	_____ TOTAL HOURS WORKED PER WEEK

Required Number of Weeks for the Internship	
Hours worked per week	Number of weeks required for internship
15-19 hours per week	72 weeks
20-24 hours per week	60 weeks
25-29 hours per week	48 week
30+ hours per week	36 weeks
If you have changed from one category to another (for example, if you worked 16 hours per week for a period of time and 35 hours per week for another period of time), you must submit a separate report for each category.	

Supervisor:

1. The internship included no fewer than 36 clock hours of supervisory activities, including 18 on-site observations of the intern's direct contact with clients at the work site in which the intern provided screening, evaluation, assessment, habilitation, and rehabilitation ; and 18 other monitoring activities which may include correspondence, video tape review, evaluation of written reports, phone conferences with the intern, and evaluations by professional colleagues. Yes No (If no, attach explanation.)

2. The internship was divided into three equal segments (1/3 the length of the internship), with no fewer than 6 hours per segment of face-to-face on-site observations of the intern's contact with clients and 6 hours per segment of other monitoring activities.

Yes No (If no, attach explanation.)

3. Alternative methods of supervision were used during the internship; approval of these methods was requested in writing and they were approved as part of the board-approved Intern Plan. Yes No (If yes, attach documentation of methods used.)

4. I supervised this intern in accordance with 22 T.A.C., §741.41 and §741.62 or §741.82 of the Board Rules, and I followed the agreement stated in the pre-approved Intern Plan and Agreement of Supervision. Yes No

5. During each segment of the internship, §741.62(k), or §741.82(j), requires that the primary supervisor conduct a formal evaluation of the intern's progress in the development of professional skills. Please attach a copy of your evaluation for each of the 3 segments.

6. AS THE INTERN'S SUPERVISOR, I RECOMMEND THAT THIS INTERN'S INTERNSHIP AS REPORTED ON THIS FORM BE APPROVED BY THE BOARD TOWARDS MEETING THE REQUIREMENTS FOR A LICENSE. ☐ YES ☐ NO

7. Once the internship has been completed (and the intern license remains valid), an intern may continue to practice under supervision with the intern license while awaiting full licensure or the temporary certificate of registration if the current supervisor will continue to supervise the intern from the "Ending Date of Internship" as shown on the Report of Completed Internship Form until the intern is fully licensed or registered.

I WILL CONTINUE TO SUPERVISE THIS INTERN ☐ YES ☐ NO

Supervisor's Signature

Date

Intern:

- I certify that I read and followed §741.41, Code of Ethics, and §741.62, Requirements for an Intern in Speech-Language Pathology License or §741.82, Requirements for an Intern in Audiology License.

• I did not begin to practice until my license was issued and I was approved by the Board office to work under the supervision of the above supervisor (whose current Texas license I verified).

- I have read and discussed this Report with my Intern Supervisor.

- If it is determined at a later date that any statement in this Report of Completed Internship is not true, I assume full responsibility for an invalid Internship.

Intern's Signature

Date

If your address has changed, please attach a separate page noting your new address.

PLEASE REVIEW TO BE SURE ALL QUESTIONS ARE CORRECTLY COMPLETED.
INCOMPLETE/INACCURATE FORMS WILL BE RETURNED UNPROCESSED AND MAY SIGNIFICANTLY DELAY
YOUR APPROVAL. FAXED DOCUMENTS ARE NOT ACCEPTED.